



Partnership for a Healthy Community Board Meeting

April 22, 2021
1:00pm-2:30pm
Teams

AGENDA

1. **Approve 03/25/2021 meeting minutes (Action) (Pages 2-4)**
2. **Board Business**
 - a. CEDS Presentation (*Chris Setti*) www.greaterpeoriaedc.org/strategy
 - b. New Board Member Orientation (Discussion) (*Holly Bill*) **(Pages 5-30)**
 - c. Draft of the CHNA (Discussion) **(Pages 31-38)**
3. **Committee Updates**
 - a. Mental Health & Substance Use **(Pages 39-42)**
 - b. HEAL **(Pages 43-44)**
 - i. Collecting Food Insecurity Data & Resources (*Kaitlyn Streitmatter*)
 - c. Cancer **(Pages 45-46)**
 - d. Data Team
4. **Member Announcements**

Next Meeting:
Thursday, May 27, 2021
1:00pm-2:30pm
TBD



Partnership for a Healthy Community Board Meeting Minutes March 25, 2021

Members Present via Microsoft Teams:

Monica Hendrickson	Lisa Fuller
Holly Bill	Greg Eberle
Chris Setti	Larry Weinzimmer
Amy Fox	Ann Campen
Beth Crider	Jennifer Zammuto
Joel Shoemaker	Kate Green
Hillary Aggertt	Adam Sturdavant
Tricia Larson	Tim Heth

Others Present:

Amanda Smith

Approval of 02/25/2021 Meeting Minutes

Mr. Weinzimmer made a motion to approve the meeting minutes from the February 25, 2021 meeting. Motion was seconded by Mr. Setti. Motion carried (16,0).

Board Business

Board Members

The Board reviewed Amelia Boyd from UnityPoint (VP). Mr. Setti made a motion to approve Ms. Boyd as a PFHC Board Member. Motion was seconded by Mr. Eberle. Motion carried (16,0).

Onboarding New Board Members

It was suggested for a new onboarding process. Ms. Zammuto agreed it would've been helpful to have had 30-60 minutes. Mr. Setti agreed on that time frame to help set expectations for each Board member. Ms. Fuller suggested providing number of meetings to attend, expectations, and general information. She suggested a few people get together to brainstorm some ideas for what this process looks like, perhaps a small group of people who can give suggestions. This team can create a packet to approve at the next board meeting. Ms. Hendrickson agreed. Ms. Bill agreed to take the lead on this, and Ms. Green and Ms. Fuller will meet after April 7th to put together a packet for the next meeting.

Approval of the 2020 Annual Report

The Annual Meeting packet was created, primarily by Ms. Bill and Mr. Shoemaker. Ms. Hendrickson commented that it was great to have assistance on this, as it's usually Health Department driven. Ms. Fox made a motion to approve the 2020 Annual Report. Ms. Hendrickson seconded. Motion carried (16,0).

CHNA Survey

Ms. Hendrickson led a discussion on the next CHNA which will begin taking place this summer. After all of the racial and health equity discussions lately, we wanted to make sure that all entities are aligned and not duplicating efforts. The Board wants to make sure they are collecting the data that is needed and what they like and what they want to change. Ms. Hendrickson would like to see the data and benchmarks. Ms. Fox discussed the MAPP Assessment Process and syncing the hospitals on the same three-year cycle, providing longer timelines, and considering additional partners such as UICOMP so that

we are being as comprehensive as possible. Ms. Hendrickson wants to continue having these conversations and encourage the board to review; additionally, please consider their own lens, as each board member brings a uniqueness and please take this back to their entities to review. Mr. Weinzimmer stated he is meeting with the OSF group on April 6th to discuss the CHNA. Ms. Hendrickson mentioned that as they are taking a deeper dive into the data, there may be places in our community that may need interventions that are not tri-county specific, rather, they may need to be much more focused. Ms. Fox asked for clarification on who is taking the lead on the CHNA and if that was the data team who was taking this on. Ms. Hendrickson clarified that she is saying the data team, but that there may be others that need to be included in this process, but it is probably a project within the data team. Ms. Fuller mentioned that the last CHNA it was an ad-hoc type of committee. Mr. Weinzimmer mentioned that we already have an ad-hoc data team which was Amanda Smith, Ms. Bill, Ms. Gambacorta, and Mr. Weinzimmer, who will design the survey and bring to the committee. Ms. Smith stated that there is a meeting set up for this ad-hoc to discuss data from previous years, question review, and reach out to others for feedback, then will bring all this information back to organize it, bring to data committee, then larger data committee, and finally the board. This is an agenda item on the upcoming meeting in April. Ms. Fox wanted to clarify that this process is not just a single survey and there is a lot more data out there that we need to consider in order to truly assess the community. The survey tool is only one of those pieces. Ms. Fox wanted to know if the data committee would also be responsible for the remaining data that needs to be collected. Ms. Smith clarified that this is something they are considering, as well, and they are working on identifying data pieces, as well. She stated they are also using a new data platform, Impact, which can drive data down by zip code. She said that there are several other sources of data, as well, such as Impact, CDC Places, and others. She stated they would focus on the outcome and process data, and better identify the activities that were in place and did it really move the dial. She said that with the Impact database there may be a lot more data that we have access to that we did not previously have access to. Ms. Fox mentioned that much of the data we obtain is 4+ years old, so suggested ensuring that we have more data to consider. Ms. Hendrickson said that some of this can be collected through health perceptions on the survey tool, as well as through focus groups. Ms. Hendrickson stated that there is a lot more strategic data that needs to be collected, and we may need to form an ad-hoc committee. Ms. Smith asked if there was a framework for the Forces of Change, and if we need to develop a plan. Ms. Fox agreed that this seems appropriate for the data team, which seems to be more of an emerging team.

Committee Updates

Mental Health & Substance Use

Ms. Bill explained that the committee is shifting at their next meeting, which will be held on Monday, March 29th. The committee was previously meeting as one, which made sense for the first year and during a difficult year with the pandemic. The leads, Holly Bill and Tim Bromley, have identified leads for each of the nine strategies for those two priority areas. Ms. Bill mentioned that she thinks the strategies will move faster this way. Ms. Smith discussed the data related to mental health and substance use. She wanted to make sure there was a baseline on all areas. There was also a frequency column added so that we were aware of how often that data was available. Additionally, there are some new metrics added, as some data was only from the CHNA, which only happens every three years. The Impact platform is allowing us to add some additional data points. Ms. Smith will be adding more data from the IYS survey. She stated that we are looking at a few more data points to ensure that the new data points are being collected similar to how they were when they were first reported. For example, Narcan

distribution versus Narcan administration. Ms. Smith will be attending the meetings for the first 15 minutes to review the data with the action teams.

HEAL

Mr. Eberle also said that the last year has been difficult. He thanked his co-chairs for leading and he believes the new data component will be beneficial. Greg said that it will help his team establish their directives. Ms. Fox said that TCHD was awarded again for Ending Hunger Together from Community Foundation and she commended her team for writing the grant and being awarded those dollars. Ms. Fox mentioned that the county health rankings will be released March 31st, so watch for that data.

Cancer

Ms. Smith stated that there was no Cancer meeting this past month due to the chairs being unable to attend. She said they are scheduled to meet the first week of April.

Member Announcements

Ms. Hendrickson thanked everyone and their committees for their contribution for the Annual Meeting and thank you to Mr. Setti and his team for getting it publicized. Ms. Hendrickson said it is recorded and available on the PCCHD's Facebook page.

Next Meeting: April 22, 2021

1:00-2:30

Microsoft Teams

NEW BOARD MEMBER PACKET

Welcome!

Thank you for taking time out of your personal and professional life to provide your talent and expertise in service to the Partnership for a Healthy Community (PFHC) Board. The PFHC was created in 2017 to improve health in Peoria, Tazewell, and Woodford counties. Through your service, together with public and private stakeholders, PFHC works to address priority health issues in the tri-county region.

PFHC Board provides backbone support to plan, coordinate, and drive community health initiatives, led primarily by the Priority Action Teams. Priority Action Teams report work to the PFHC Board to promote a coordinated health improvement strategy. Your contribution is vital to help the tri-county region to be a thriving community that is inclusive, diverse, and sustainable to ensure health equity and opportunity for all.

Please become familiar with the contents of the New Board Member Packet, which contains information on PFHC Board roles & responsibilities, mission, vision, & values, Priority Action Teams, its members, and much more! Please also explore www.healthyhoi.org to learn more about current efforts and engage in our discussion board.

We look forward to working with you and if you have any questions, please contact us or any PFHC representative.

Lisa Fuller, Co-Chair

(309) 624-5467

Lisa.j.fuller@osfhealthcare.org

Monica Hendrickson, Co-Chair

(309) 679-6100

mhendrickson@peoriacounty.org



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BOARD MEETING DATES

The Partnership for a Healthy Community Board meets on the fourth Thursday of every month from 1:00 PM- 2:30 PM, unless this date occurs on a holiday. If board members are unable to attend, please notify a co-chair.

2021 Board Meeting Dates

Thursday, January 28th

Thursday, February 25th

Thursday, March 25th

Thursday, April 22nd

Thursday, May 27th

Thursday, June 24th

Thursday, July 22nd

Thursday, August 26th

Thursday, September 23rd

Thursday, October 28th

Thursday, November 18th **3rd Thursday of the month*

Thursday, December 16th **3rd Thursday of the month*



PFHC MISSION, VISION & VALUES



PFHC MISSION, VISION & VALUES

PFHC Mission

The Partnership for a Healthy Community (PFHC) is a community-driven partnership of public and private partners working together to address priority health issues in Peoria, Tazewell, and Woodford Counties in Illinois.

PFHC Vision

Our Vision for the tri-county region will be a thriving community that is inclusive, diverse, and sustainable to ensure health equity and opportunity for well-being for all.

PFHC Community Values

- **Inclusive:** Open to everyone.
- **Diverse:** Understanding and respect of cultural differences enhances our community. Each resident has the opportunity to live their life to the fullest with equal opportunity for all.
- **Sustainable:** Engaged and committed community work that lasts over a prolonged period of time regardless of economic and social challenges.
- **Health Equity:** Everyone has a fair opportunity to attain their highest level of health regardless of race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition. Achieving health equity requires eliminating gaps in health disparities between different social groups.
- **Health & Wellbeing:** A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Encompasses the full spectrum of health and well-being including: healthy behavior, access to quality clinical care, social and economic factors (education, employment, income, family and social support, community safety), and physical environment (air and water quality, housing and transit).
- **Knowledgeable:** Valid, reliable information is valued as part of the decision-making process.
- **Engaged & Involved:** A community where working collaboratively with others to address issues that affect their health and well-being, while actively building a sense of community is the norm.
- **Committed:** A community where quality health care is accessible to all residents, including the indigent and underserved, and is not taken for granted, but is valued with a focus on prevention and respect for our bodies.
- **Safe:** The community is committed to creating and supporting a safe environment.



BOARD MEMBER ROLES & RESPONSIBILITIES



BOARD MEMBER ROLES & RESPONSIBILITIES

ROLE

Fill in the blank

EXPECTATIONS

Board members are required to attend a minimum of 80% of the meetings each year.



BOARD MEMBERS



CURRENT BOARD MEMBERS

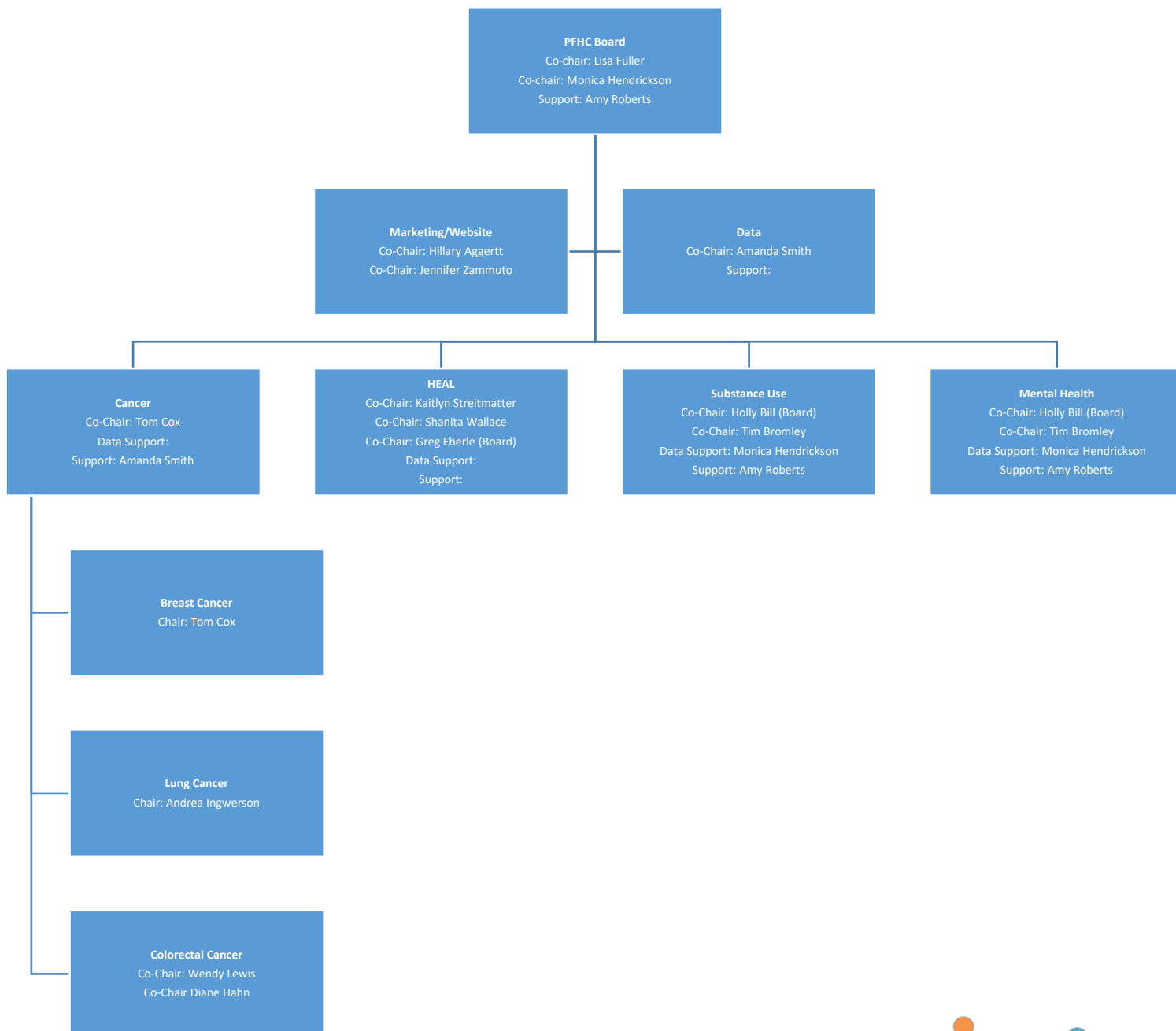
Adam Sturdavant	Adam.Sturdavant@gmail.com	Hillary Aggertt	Haggertt@woodford-county.org	Lisa Fuller	Lisa.j.fuller@osfhealthcare.org
Amelia Boyd	Amelia.boyd@unitypoint.org	Holly Bill	hbill@hulthealthy.org	Monica Hendrickson	mhendricks@peoriacounty.org
Amy Fox	afox@tchd.net	Jennifer Zammuto	Jennifer.Zammuto@local.unitedway.org	Sally Gambacorta	Sally.Gambacorta@carle.com
Ann Campen	Ann.campen@unitypoint.org	Joel Shoemaker	joel@ipdpl.org	Tricia Larson	Patricia.Larson@unitypoint.org
Beth Crider	bcrider@peoriaroe.org	Kate Green	Kate.Green@local.unitedway.org		
Chris Setti	csetti@greatpeoriaedc.org	Larry Weinzimmer	lgw@bradley.edu		
Greg Eberle	geberle@hopedalemc.com	Len Ealey	Leonard.Ealey@pekin.net		



ORGANIZATIONAL CHART



ORGANIZATIONAL CHART



PRIORITY ACTION TEAMS



PRIORITY ACTION TEAMS

PHFC identifies and establishes Priority Action Teams as needed to fulfil the local health improvement process. Priority Action Teams for each health priority area include:

- **Healthy Behaviors.** *Active living and healthy eating, and their impact on obesity*
- **Cancer.** *Incidence of cancer and cancer screenings*
- **Mental Health.** *Depression, anxiety and suicides*
- **Substance Abuse.** *Abuse of illegal and legal drugs, alcohol and tobacco/vaping use*

The purpose of the Priority Action Teams is to identify and implement evidence-based strategies as feasible that align with the health improvement plan. Responsibilities of the Priority Action Teams include:

- Determine meeting schedule. Meetings may occur more often at first, then monthly as work is more established.
- Nominate chair or co-chairs.
- Ensure representation from key stakeholders.
- Participate in comprehensive local health improvement planning.
- Track progress on implementing activities and achieving set goals and objectives.
- Identify workgroups or sub-committees to focus on particular strategies.
- Communicate progress regularly to PFHC.
- Set goals, objectives and identify strategies to improve community health outcomes for the priority area.

SET GOALS, OBJECTIVE AND ACTIVITIES

GOAL

This should be a broad statement of purpose; a future change which a committed endeavor is directed.

OBJECTIVES

These are precise, smaller steps to achieve a goal; should include what is to be accomplished and how its measured.

ACTIVITIES

Functions or services carried out to achieve objectives. Also called programs, processes or interventions.



PRIORITY ACTION TEAM MEMBERS

Priority Action Team members collaborate with other team members, organizations and the PFHC to implement strategies to achieve goals and objectives for the priority area.

Membership on a Priority Action Team is open to any organization or individual interested in supporting the PFHC mission and a collaborative health improvement process.

Priority Action Team members are to:

- Participate in meetings. Members are to attend 80% of scheduled meetings.
- If unable to participate in a scheduled meeting, notify the chair and send an alternative representative. The alternative representative is to consistently be the same person.
- Actively participate in meeting discussions
- Acknowledge communication and respond timely
- Prepare for meetings by reviewing meeting materials in advance
- Serve on workgroups and subcommittees
- Advocate for PFHC's mission, vision and values
- Keep informed about PFHC, its efforts, and its connection to the community



PRIORITY ACTION TEAM CHAIR

The Priority Action Team Chair or Co-Chairs provides leadership for the team, which includes providing direction to identify goals and objectives and directing the team members and activities to ensure goals and objectives are being achieved. Selected strategies are framed as part of the comprehensive approach. Chair or Co-Chair responsibilities also include:

- Ensures agenda, minutes and other required resources are distributed to members in a timely manner.
- Provides guidance to workgroups or sub-committees to align efforts with the goals and objectives set for the priority area.
- Communicates regularly with the PFHC and provides progress updates.
- Orients new Priority Action Team members to the following:
 - Meeting processes
 - Member responsibilities
 - PFHC mission, vision and values
 - Priority action area goals and objectives
 - Progress to date
 - Contact information

TIPS FOR A SUCCESSFUL MEETING

- Start and end meeting on time.
- Have name badges and introductions for new members or guest.
- Send out meeting agendas in advance
- Allow a specific amount of time for each agenda item
- Send meeting minutes timely
- Use a “parking lot” to manage off-topic discussions



BY-LAWS



BY LAWS

The Partnership for a Healthy Community bylaws were adopted by the Partnership for a Health Community Board on December 17, 2018.

Article I. Name

Section 1.1 The official name of this organization is the Partnership for a Healthy Community, also known as PFHC.

Article II. Mission

Section 2.1

The Partnership for a Healthy Community (PFHC) is a community-driven partnership of public and private partners working together to address priority health issues in Peoria, Tazewell and Woodford Counties in Illinois.

Section 2.2

Our Vision for the tri-county region will be a thriving community that is inclusive, diverse, and sustainable to ensure health equity and opportunity for well-being for all.

Section 2.3

Community Values:

- **Inclusive**: Open to everyone.
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BY LAWS

Article III. Purpose and Priority Areas

Section 3.1 Purpose

The Partnership for a Healthy Community (PFHC) serves as the local health improvement partnership for Peoria, Tazewell and Woodford Counties. Through partnership procedure and operation, the PFHC addresses priority health areas identified by the most current cycle of the local health improvement process. Priority health issues will be assessed at least every 5 years as part of a full community health improvement process.

Section 3.2 Priority Areas

Priority health areas are identified by partnership members and community stakeholders through a collaborative community health needs assessment process. This process involves evaluation of quantitative data, qualitative input from residents and partners, and statewide health improvement priorities. Local health priority areas may align well with statewide health priorities, though are not restricted by the latter. Each County, Peoria, Woodford and Tazewell will have at minimum their top two County specific health priorities each assessment period as part of the PFHC priorities. A minimum of three health priorities must be identified overall.

Article IV. Membership and Voting Section

4.1 Membership Eligibility

Membership is open to any organization or individual interested in supporting the PFHC mission and collaborative local health improvement process. There will be a minimum of seven agencies but no more than 20 members total to include representatives from **OSF, Unity Point Health, Advocate Eureka Hospital, Hopedale Medical Complex, Peoria City/County Health Department, Tazewell County Health Department, Woodford County Health Department. Other community sector representatives may include but not limited to: schools, behavioral health providers, faith based, transportation, law enforcement, criminal justice, media and/or non-profit organizations.**

There will be four categories to include Regional, Peoria, Tazewell and Woodford representation.

Section 4.2 Membership Expectations

- PFHC members will:
 - o Maintain an updated PFHC membership form
 - o Support the PFHC mission and collaborative process
 - o Participate in at least one PFHC priority Action team
 - o Attend 6 Partnership Board meetings per calendar year.
 - o Elect PFHC leadership for President, Vice President, Secretary and a Treasurer if deemed necessary.
 - o Participate in the process of community health needs assessment (determining the health priorities for Peoria, Tazewell, and Woodford Counties)

BY LAWS

- o Participate in comprehensive local health improvement planning (identifying achievable action to improve community health outcomes)
- o Identify and implement evidence-based strategies as feasible that align with the local health improvement plan
- o Share information about how PFHC strategies are being implemented locally (within their own organizations and/or in collaboration with another organization if applicable)

4.3 Member Responsibilities when Voting

- Each individual member and each organization-designated representative are entitled to one vote, as long as membership is present. Each voting member will be able to do so in person or by phone.
- Any organization with multiple representatives must designate one representative to act on behalf of its entity as the voting member during priority action team meetings. Organizations may designate one voting representative.
- The outcome on votes shall be determined by a simple majority of those present.

Section 4.4 Membership Term

- The term of membership is indefinite unless withdrawn by the member or organization.
- Members reserve the right to resign at any time.
- Membership status and designated representative for organizations will be reaffirmed by the co-presidents every two years.

Section 4.5 Quorum

Quorum will be simple majority plus one, as long as, there is at least one representative for Peoria, Tazewell and Woodford County present.

Article V. Officers and Staff

Section 5.1 PFHC Co-Chair (ex officio)

The Peoria, Tazewell, or Woodford County Health Officer or their Proxy will serve as the PFHC Co-Chair (ex officio) per delegated role as official convener on a rotating basis. This position will also be responsible for the nomination process.

Woodford County Health Department will serve this term for calendar year 2019

Peoria County Health Department will serve this term for calendar year 2020

Tazewell County Health Department will serve this term for calendar year 2021

BY LAWS

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Tazewell County Health Department will serve this term for calendar year 2021

BY LAWS

Section 5.2 PFHC Co-Chair (elected)

- Election Process

- o Nominations for PFHC Co-Chair will be submitted electronically by the PFHC members. The PFHC Co-Chair must have been a PFHC member for at least one year.

- o The PFHC Co-Chair will be elected at the annual meeting by written ballot of individual members and the designated organizational representatives present.

- o Voting members will receive a pre-identified ballot during the registration for the annual meeting. The ballot will distinguish whether the individual is voting as an individual member or a designated organizational representative.

- Term

- o The PFHC Co-Chair term shall last one year and is renewable for another year if the membership so votes.

- o If the PFHC Co-Chair resigns, the PFHC Vice-Chair shall succeed as PFHC Co-Chair for the remainder of the term, and shall be eligible for election to two full terms as PFHC Co-Chair.

- o Successive years serving as PFHC Co-Chair cannot exceed three.

- o Individuals cannot serve in more than one leadership role simultaneously, including: PFHC Co-Chair, PFHC Vice-Chair, and/or PFHC Priority Action Team Chair/Co-Chair.

- Duties

- o Providing overall leadership for PFHC.

- o Exercising general powers of management usually vested in the office of the Co-Chair.

- o Serving as a spokesperson for PFHC.

- o Convening and leading partnership-wide meetings of PFHC.

- o Assist with nomination of Priority Action Team Chairs.

- o Serve as the Chair for the PFHC Board

Section 5.3 PFHC Vice-Chair

- Election Process

- o Nominations for PFHC Vice-Chair will be submitted electronically by the PFHC members. The PFHC Vice-Chair must have been a PFHC member for at least one year.

- o The PFHC Vice-Chair will be elected at the annual meeting by written ballot of individual members and the designated organizational representatives present.

- o Voting members will receive a pre-identified ballot during the registration for the annual meeting. The ballot will distinguish whether the individual is voting as an individual member or a designated organizational representative.

BY LAWS

- Term

- o The PFHC Vice-Chair term shall last one year and is renewable for another year if the membership so votes.

- o If the PFHC Vice-Chair resigns or is elevated to PFHC Co-Chair, a new PFHC Vice-Chair will be elected by the PFHC membership, and shall be eligible for election to two full terms as the PFHC Vice-Chair.

- o Successive years serving as PFHC Vice-Chair cannot exceed three.

- o Individuals cannot serve in more than one leadership role simultaneously, including: PFHC Co-Chair, PFHC Vice-Chair, and/or PFHC Priority Action Team Chair/Co-Chair.

- Duties

- o Providing overall leadership for the PFHC.

- o Exercising duties of the PFHC Co-Chair in the absence of the PFHC Co-Chair.

- o Perform additional duties delegated by the PFHC Co-Chair.

- o Assist with nomination of Priority Action Team Chairs.

Section 5.4 Re-election for elected officers

After serving three terms, a PFHC Co-Chair or Vice-Chair must wait one year before being eligible to serve in the same leadership role.

Section 5.5 Hiring of Staff

As resources allow, the PFHC Board is allowed to hire staff as deemed necessary and financials are available to do so.

VI. Committees and Meetings

Section 6.1 PFHC Board

PFHC Board meetings shall take place at least monthly; no fewer than 10 meetings per year. The annual meeting will be a business meeting.

PFHC Board be responsible for convening any other committees as called upon by the PFHC Co-Chairs or membership such as bylaws, data, membership, fundraising, or nomination committee.

PFHC will assure that a vigorous community health assessment and improvement plan is conducted at least every five years

PFHC Board has the authority to identify and establish action teams as needed to fulfil the local health improvement process

BY LAWS

PFHC Board will approve of all implementation plans for each priority area.

- A quorum of the PFHC Board for the purposes of voting shall be constituted of 2/3 of the members eligible to vote if there is representation from each Peoria, Tazewell and Woodford Counties.
- The voting process may be carried out in person, by phone or electronically, at the discretion of the PFHC Co-Chairs.

Members of the Board have the authority to designate, at the time of election or vote, a proxy member to attend the meeting on their behalf in the circumstance that they are unable to attend. The coalition coordinator will maintain the list of designated proxy members. Proxy members should have decision making authority and are expected to vote on behalf of the member when necessary. The proxy must be able to speak for and represent the interest of the member/ organization. A proxy member may represent no more than one member at a time. PFHC Board members cannot send a proxy for more than 2 meetings per calendar year.

Section 6.2 PFHC Addressing other issues and concerns

The PFHC Board shall be able to create additional committees to address issues and/or create Ad-Hoc Committees as deemed necessary.

Section 6.3 Priority Action Teams

There will be a Priority Action Team for each of the coalition's health priority areas and a data action team. Each Priority Action Team will nominate and vote on their chair/co-chairs. Members of each Priority Action Team will decide their own meeting dates and times.

Section 6.4 Data Action Team

The Data Action Team will focus on the identification and transformation of data to develop and provide key analytic insight and knowledge to the Partnership Board and Action Teams.

Duties Include:

Establishes a template to track data reports and how often data needs to be collected for each action team, as well as the needs of the board.

Establishes a common analytic operating model with a clear delineation of analytic roles and responsibilities, working cohesively on the implementation plans.

Integrates process improvement techniques that take advantage of analytic platforms across partners that are associated with the PFHC.

BY LAWS

Section 6.4 Priority Action Team Chair/Co-Chairs

- Term

- o The term of Priority Action Team Co-Chairs shall last one year and is renewable for another year if the membership so votes.

- o If a Priority Action Team Co-Chair resigns a new co-chair will be elected by the Priority Action Team membership and shall be eligible for election to two full terms as Priority Action Team Co-Chair.

- o Successive years serving as Priority Action Team Co-Chair cannot exceed three.

- o After serving three terms, Priority Action Team Co-Chairs must wait one year before being eligible to serve in the same leadership role.

- Duties

- o Providing overall leadership for the priority action team.

- o Provide feedback to the PFHC Board

- o Frame selected strategies as part of the comprehensive approach

- Voting

- o Action Team Chair/Co-Chairs can vote during action team meetings, as members of the team.

- o Chair/Co-Chair votes are not prioritized over votes from other members of the priority action team.

- o Priority Action Team Chair/Co-Chairs may be the designated voting member for their organization, if applicable.

- o The outcome on priority action team votes shall be determined by a simple majority of those present.

- o Priority Action Team Chair/Co-Chairs have the right to table any vote until all members can be informed of the impending vote.

Article VII. Parliamentary Authority

PFHC shall be governed by the most current edition of Robert's Rules of Order in those cases that are applicable or consistent with these bylaws. PFHC shall also be governed by any rules it chooses to adopt.

Article VIII. Amending Bylaws

These bylaws may be amended at any Board meeting after approval by a two-thirds majority of the membership. Any changes to the bylaws must be presented for review to all members at least 15 days prior to any vote to change.

ANNUAL REPORT



**INSERT MOST RECENT ANNUAL
REPORT HERE**



2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

Add PFHC Logo

COMMUNITY PERCEPTIONS

1. What would you say are the three (3) biggest **HEALTH ISSUES** in our community?

Values = 1 when chosen, = . if not chosen

- | | |
|---|--|
| <input type="checkbox"/> Q6_1 Aging issues, such as Alzheimer's disease, hearing loss, memory loss, arthritis, falls | <input type="checkbox"/> Q6_7 Early sexual activity |
| <input type="checkbox"/> Q6_2 Cancer | <input type="checkbox"/> Q6_8 Heart disease/heart attack |
| <input type="checkbox"/> Q6_3 Chronic pain | <input type="checkbox"/> Q6_9 Mental health issues, such as depression, hopelessness, anger |
| <input type="checkbox"/> Q6_4 Dental health (including tooth pain) | <input type="checkbox"/> Q6_10 Obesity/overweight |
| <input type="checkbox"/> Q6_6 Diabetes | <input type="checkbox"/> Q6_11 Sexually transmitted infections |
| <input type="checkbox"/> Q6_XX Viruses (including COVID-19) | <input type="checkbox"/> Q6_15 Other |
| | Q6_15_TEXT _____ |

2. What would you say are the three (3) most **UNHEALTHY BEHAVIORS** in our community?

Values = 1 when chosen, = . if not chosen

- | | |
|--|---|
| <input type="checkbox"/> Q40_1 Angry behavior/violence | <input type="checkbox"/> Q40_7 Drug abuse (legal drugs) |
| <input type="checkbox"/> Q40_2 Alcohol abuse | <input type="checkbox"/> Q40_8 Lack of exercise |
| <input type="checkbox"/> Q40_3 Child abuse | <input type="checkbox"/> Q40_10 Poor eating habits |
| <input type="checkbox"/> Q40_4 Domestic violence | <input type="checkbox"/> Q40_14 Risky sexual behavior |
| <input type="checkbox"/> Q40_6 Drug abuse (illegal drugs) | <input type="checkbox"/> Q40_12 Smoking/vaping (tobacco use) |
| | <input type="checkbox"/> Q40_15 Other |
| | Q40_15_TEXT _____ |

3. What would you say are the three (3) most important factors that would improve your **WELL-BEING**?

Values = 1 when chosen, = . if not chosen

- | | |
|---|--|
| <input type="checkbox"/> Q7_1 Access to health services | <input type="checkbox"/> Q7_7 Job opportunities |
| <input type="checkbox"/> Q7_2 Affordable healthy housing | <input type="checkbox"/> Q7_11 Less hatred & more social acceptance |
| <input type="checkbox"/> Q7_3 Availability of child care | <input type="checkbox"/> Q7_8 Less poverty |
| <input type="checkbox"/> Q7_4 Better school attendance | <input type="checkbox"/> Q7_12 Less violence |
| <input type="checkbox"/> Q7_5 Good public transportation | <input type="checkbox"/> Q7_9 Safer neighborhoods/schools |
| <input type="checkbox"/> Q7_6 Healthy food choices | <input type="checkbox"/> Q7_10 Other |
| | Q7_10_TEXT _____ |

ACCESS TO CARE

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Medical Care

1. **Q6** When you get sick, where do you go? (Please choose only one answer).

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 = Clinic/Doctor's office | <input type="checkbox"/> 3 = Emergency Department | <input type="checkbox"/> 4 = I don't seek medical attention |
| <input type="checkbox"/> 2 = Urgent Care Center | <input type="checkbox"/> 5 = Health Department | <input type="checkbox"/> 6 = Other |

If you don't seek medical attention, why not? Cost, Fear of Discrimination/lack of trust, experience bias, do not need
Q_6_TEXT _____

2. In the last YEAR, was there a time when you needed medical care but were not able to get it?

Q8 (1=yes; 2=no)

1 = Yes (please answer #3)

2 = No (please go to #4: Prescription Medicine)

3. If you were not able to get medical care, why not? (Please choose all that apply).

Q9_1 Didn't have health insurance.

Q9_3 Too long to wait for appointment.

Q9_2 Couldn't afford to pay my co-pay or deductible.

Q9_4 Didn't have a way to get to the doctor.

Q9_8 Other **Fear of Discrimination/lack of trust**

Q9_8_TEXT Are there any other reasons why you could not access medical care?

Prescription Medicine

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?

Q10 (1=yes; 2=no)

1 =Yes (please answer #5)

2 =No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

Q11_1 Didn't have health insurance.
Medicaid.

Q11_4 The pharmacy refused to take my insurance or

Q11_2 Couldn't afford to pay my co-pay or deductible.

Q11_5 Didn't have a way to get to the pharmacy.

Q11_6 Other **Fear of Discrimination/lack of trust**

Q11_6_TEXT Are there any other reasons why you could not access prescription medicine?

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?

Q13 (1=yes; 2=no)

1 =Yes (please answer #7)

2 =No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

Q14_1 Didn't have dental insurance.

Q14_4 The dentist refused my insurance/Medicaid

Q14_2 Couldn't afford to pay my co-pay or deductible.

Q14_5 Didn't have a way to get to the dentist.

Q14_8 Other **Fear of Discrimination/lack of trust**
available dentist

Not sure where to find

Q14_8_TEXT Are there any other reasons why you could not access a dentist?

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

Q15 (1=yes; 2=no)

1 = Yes (please answer #9)
BEHAVIORS)

2 = No (please go to next section – HEALTHY

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

Q16_1 Didn't have insurance.

Q16_4 The counselor refused to take my insurance/Medicaid

Q16_2 Couldn't afford to pay my co-pay or deductible

Q16_8 Embarrassment.

Q16_3 Didn't have a way to get to a counselor.

Cannot find counselor

Q16_9 Other **Fear of Discrimination/lack of trust**

Q16_9_TEXT Are there any other reasons why you could not access a mental-health counselor?

HEALTHY BEHAVIORS

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Exercise

1. In the last WEEK how many times did you participate in exercise, (such as jogging, walking, **golf**, weight-lifting, fitness classes) that lasted for at least 30 minutes?

Q17

1 = None (please answer #2)

2 = 1 – 2 times

3 = 3 - 5 times

4 = More than 5 times

2. If you answered “none” to the question about exercise, why didn't you exercise in the past week? (Please choose all that apply).

Q18_1 Don't have any time to exercise.

Q18_5 Don't like to exercise.

Q18_2 Can't afford the fees to exercise.

Q18_6 Don't have child care while I exercise.

Q18_3 Don't have access to an exercise facility.

Q18_7 Too tired.

Q18_9 Other

Safety issues

Q18_9_TEXT Are there any other reasons why you could not exercise in the last week?

Healthy Eating

3. On a typical DAY, how many **servings/separate portions** of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

Q38

1 = None (please answer #4)

2 = 1 – 2

3 = 3 - 5

4 = More than 5

4. If you answered “none” to the questions about fruits and vegetables, why didn't you eat fruits/vegetables? (Please choose all that apply).

Q41_1 Don't have transportation to get fruits/vegetables

Q41_9 Don't like fruits/vegetables

Q41_3 It is not important to me

Q41_10 Can't afford fruits/vegetables

Q41_2 Don't know how to prepare fruits/vegetables

Q41_11 Don't have a refrigerator/stove

Q41_4 Don't know where to buy fruits/vegetables

Q41_12 Other

Q41_12_TEXT Are there any other reasons why you do not eat fruits/vegetables?

5. Where is your primary source of food? (Please choose only one answer).

Q44

- 1= Grocery store 3= Fast food 5= Gas station 7= Food delivery program
- 2= Food pantry 4= Farm/garden 6= Convenience store 8= Other_____

Q44_8 TEXT _____

6. What are the biggest challenges to eating healthy in our community? (Please choose all that apply).

- Q45_1 Knowledge Q45_3 Convenience Q45_5 People don't care Q45_7 Physical challenge/Disability
- Q45_2 Cost Q45_4 Time Q45_6 No healthy options Q45_8 Transportation
- Q45_9 Other _____

Q45_9 TEXT _____ (NOTE CHANGE IN UNIT OF ANALYSIS – CONFUSING FOR RESPONDENT)

7. Please check the box next to any of the health conditions that you have. (Please choose all that apply).

If you don't have any health conditions, please check the first box and go to question #9: Smoking.

- Q46_1 I do not have any health conditions Q46_5 Diabetes Q46_9 Mental-health conditions
- Q46_2 Allergy Q46_6 Heart problems Q46_10 Stroke
- Q46_3 Asthma/COPD Q46_7 Overweight
- Q46_4 Cancer Q46_8 Memory problems
- Q46_11 Other _____

Q46_11 TEXT _____

8. If you identified any conditions in Question #7, how often do you follow an eating plan to manage your condition(s)?

Q47

- 1= Never 2= Sometimes 3= Usually 4 = Always

Smoking

9. On a typical DAY, how many cigarettes do you smoke, or how many times do you use electronic vaping?

- None 1 - 4 5 - 8 9 - 12 More than 12

Vaping

9. On a typical DAY, how many times do you use electronic vaping?

- None 1 - 4 5 - 8 9 - 12 More than 12

General Health

10. Where do you get most of your medical health information? (Please choose only one answer).

- Doctor/nurse Friends/family Internet News Pharmacy My church
- Social Media

11. Do you have a personal physician/doctor? Yes No

12. How many days a week do you or your family members go hungry?

- None 1-2 days 3-5 days More than 5 days

13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?

- None 1-2 days 3 - 5 days More than 5 days

14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?

- None 1–2 days 3 - 5 days More than 5 days

15. In the last YEAR have you talked with anyone about your mental health?

- Yes (please answer #16) No (please go to #17)

16. If you talked to anyone about your mental health, who was it?

- Doctor/nurse Counselor Family/friend Other _____

17. On a typical DAY, how often to do you use substances (either legal or illegal) to make yourself feel better? How often do you use prescription medications not prescribed to you or differently than how the doctor instructed?

How many alcoholic drinks to you have on a typical day?

How often do you use marijuana on a typical day?

How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin?

- None 1–2 times 3-5 times More than 5 times

18. When you were a child, did a parent or other adult often swear at you, insult you or make you feel afraid?

- Yes No

19. Do you feel safe where you live? Yes No

20. In the past 5 years, have you had a:

- | | | | |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Overall Health Ratings

21. My overall physical health is: Below average Average Above average

22. My overall mental health is: Below average Average Above average

INTERNET

1. How interested would you be in health services provided through Internet or phone?

- 1 2 3
Not interested Somewhat interested Extremely interested

1. Do you have Internet in your home (or where you live)? For example, can you watch Youtube?

- Yes (please go to next section – BACKGROUND INFORMATION) No (please answer #2)

2. Can you get free wi-fi in public locations? Yes No

2. If don't have Internet, why not? Cost No available Internet provider I don't know how
 Data limits Poor internet service No phone or computer Other

How often did you receive a virtual healthcare visit in the past year?

- None 1-2 times 3 - 5 times More than times

BACKGROUND INFORMATION

1. What county do you live in?

- Peoria Tazewell Woodford Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).

- Medicare Medicaid/State insurance Private/Commercial/Employer

None Don't have (Please answer #4)

4. If you answered "none don't have" to the question about health insurance, why don't you have insurance? (Please choose all that apply).

- Can't afford health insurance Don't need health insurance
 Don't know how to get health insurance Other _____

5. What is your gender? Male Female Non-binary/Transgender Prefer not to answer
 Other _____

What is your sexual orientation? Heterosexual Lesbian Gay Bisexual
 Queer Prefer not to answer Other _____

6. What is your age? Under 20 21-35 36-50 51-65 Over 65

7. What is your racial or ethnic identification? (Please choose only one answer).

- White/Caucasian Black/African American Hispanic/LatinX
 Pacific Islander Native American Asian/South Asian
 Multiracial Other: _____

8. What is your highest level of education? (Please choose only one answer).

- Grade/Junior high school Some high school High school degree (or GED)
 Some college (no degree) Associate's degree Bachelor's degree
 Graduate/professional degree Certificate/technical degree Other:

9. What was your household/total income last year, before taxes? (Please choose only one answer).

- Less than \$20,000 \$20,001 to \$40,000 \$40,001 to \$60,000
 \$60,001 to \$80,000 \$80,001 to \$100,000 More than \$100,000

10. What is your housing status?

Do not have Have housing, but worried about losing it Have housing, **NOT** worried about losing it

If you answered that you have housing, what is the condition?

1 2 3 4 5

Poor health (such as rodents, lead, mold, no heat) Good health

11. How many people live with you? _____

12. What is your job status? (Please choose only one answer).

Full-time Part-time Unemployed Homemaker
 Retired Disabled Student Armed Forces

Is there anything else you'd like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

Mental Health

Goal: Improve mental health among tri-county residents through preventive strategies and increased access to services



Objectives	Source	Frequency	Baseline	2020	2021	2022
By December 31, 2022, decrease the number of suicides in the tri-county area by 10%.	IDPH Suicide Deaths (per 100,000)	Annual	10.9 Peoria 12.0 Tazewell 15.8 Woodford			
By December 31, 2022, decrease the number of residents in the tri-county areas who reported feeling depressed in the past 30 days by 10%.	CHNA survey	3 years	54% 0 28% 1-2 9% 3-5 9% 5+			
By December 31, 2022, decrease the number of residents in the tri-county areas who reported feeling anxious or stressed in the past 30 days by 10%.	CHNA survey	3 years	60% 0 25% 1-2 8% 3-5 7% 5+			
By December 31, 2022, decrease the number of residents in the tri-county areas who reported considering suicide in the past 12 months by 10%.	CHNA survey	3 years	17.17 Tri-County 18 Peoria 19.5 Tazewell 14 Woodford			
Strategies	Source		Baseline	2020	2021	2022
Increase knowledge of mental health and reduce stigma by providing Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHA): <i>Establish baseline and increase certifications in the Tri-county by 10% (2,176)</i>	Mental Health First Aid Quarterly Report	Quarterly	1,227 MHFA 751 YMHFA 1,978 Total	1,264 MHFA 861 YMHFA 2,125 Total		
Universal school-based suicide awareness & education programs: <i>Establish baseline and increase number of students in the Tri-county receiving suicide prevention education by 10% (4,386)</i>	Hult Center for Healthy Living & Community Partners	Annual	3,988	968		
School based social emotional instructions: <i>Establish baseline and increase number of trauma-informed schools in the Tri-county by 10%</i>	Regional Offices of Education & Community Partners	Annual	0	0		

Behavioral health primary care integration <i>(Increase number of providers in primary care settings by 10%, increase number of providers in specialized care settings by 10%, and increase number of providers in prompt care settings by 10%)</i>	Community Partners-OSF and UPH	Annual	19 Primary 1 Specialty 0 Prompt	19 Primary 1 Specialty 0 Prompt		
Poor Mental Health Days: <i>Decrease the average number of mentally unhealthy days reported in past 30 days (age-adjusted) in the tri-county.</i>	County Health Rankings	Annual	4.0 Peoria 3.5 Tazewell 3.3 Woodford (2019)	3.9 Peoria 3.8 Tazewell 3.7 Woodford (2020)		
Mental Health Provider Rate: <i>Increase the mental health provider rate in providers per 100,000 population.</i>	County Health Rankings	Annual	450:1 Peoria 570:1 Tazewell 3,870:1 Woodford (2019)	420:1 Peoria 550:1 Tazewell 3,500:1 Woodford (2020)		

Last Updated: 3/22/2021

Substance Use

Goal: Reduce substance use to protect the health, safety, and quality of life for tri-county residents.



Objectives	Source	Frequency	Baseline	2020	2021	2022
By December 31, 2022, reduce the rate of drug-induced deaths within the tri-county region by 10% from 22.2 per 100,000 tri-county residents to 20.0 per 100,000.	2018 IL Vital Records Overdose Data Rate of Drug-Induced Deaths per 100,000	Annual	51 Peoria 26 Tazewell 3 Woodford (2017-2018)	TBD		
By December 31, 2022, increase the proportion of adolescents reporting never using substance (alcohol, any tobacco/vaping, cigarettes, inhalants, marijuana) in the last year in the tri-county area by 5%	Illinois Youth Survey	Annual	8 th 33 Peoria 29 Tazewell 20 Woodford 10 th 37 Peoria 40 Tazewell 34 Woodford 12 th 53 Peoria 61 Tazewell 53 Woodford	TBD		
Strategies	Source		Baseline	2020	2021	2022
Criminal Justice and Harm Reduction Efforts: <i>Reduce overdoses by 10% through use of Narcan and stable housing for frequent utilizers</i>	IDPH	Annual	10.66 Peoria 7.66 Tazewell 2.85 Woodford (2019)	TBD		
Criminal Justice and Harm Reduction Efforts: <i>Increase Narcan distribution in the Tri-county by 10%.</i>	Narcan Advisory Groups					
Criminal Justice and Harm Reduction Efforts: <i>Increase Narcan administrations in the Tri-county by 10%.</i>	Narcan Advisory Groups Opioid Data Summary	Annual	682 (2019)	971 (2020)		
Technology-Enhanced Classroom Instructions: <i>Enroll nine Tri-County schools in Drugs Safety programs to increase knowledge</i>	UnityPoint Health & Everfi	Annual	0	11		

Mass media campaign against chemically impaired driving and underage drinking and binge drinking	Tazewell County Health Department/Kerri Viets/ OSF	Annual				
Youth Leadership Programs: <i>Increase number of students certified as peer educators by 10%</i>	Hult Center for Healthy Living	Annual	0	5 Certified?		

Last Updated: 3/22/2021

Healthy Eating Active Living Priority Action Team

Goal: To foster and promote healthy eating and active living to reduce chronic disease and food insecurity in the tri-county area.



Objectives	Source	Frequency	Baseline	2020	2021	2022
By 2022, reduce the proportion of adults considered obese by 2%	County Health Rankings	Annual	33% Peoria 33% Tazewell 28% Woodford (2019)	36% Peoria 33% Tazewell 27% Woodford (2020)		
By 2022, reduce the proportion of youth (Grade 8-12), who self-reported overweight and obese by 2%	Illinois Youth Survey	Annual	11-17% overweight 13% obese			
By 2022, decrease food insecurity in populations residing in Peoria, Tazewell, and Woodford Counties by 1%	County Health Rankings	Annual	15% Peoria 10% Tazewell 9% Woodford (2019)	14% Peoria 9% Tazewell 8% Woodford (2020)		
Strategies	Source	Frequency	Baseline	2020	2021	2022
Community-based social support for physical activity and nutrition: <i>Increase the number of participants completing the Diabetes Prevention Program</i>	Tazewell County Health Department & Hult Center for Healthy Living	Annual	27 TCHD 80 Hult	22 TCHD 34 Hult		
Community-based social support for physical activity and nutrition: <i>Increase the number of times respondents participated in exercise that lasted for at least 30 minutes in the last week</i>	CHNA Survey	3 years	23% 0 33% 1-2 32% 3-5 12% 5+			
Community-based social support for physical activity and nutrition: <i>Increase the number of servings/separate portions of fruit and/or vegetables respondents eat on a typical day</i>	CHNA Survey	3 years	5% 0 55% 1-2 35% 3-5 5% 5+			
Community-based social support for physical activity and nutrition: <i>Decrease the percentage of adults age 20 and over reporting no leisure-time physical activity.</i>	County Health Rankings	Annual	21% Peoria 25% Tazewell 23% Woodford (2019)	22% Peoria 25% Tazewell 23% Woodford (2020)		
Community-based social support for physical activity and nutrition: <i>Increase the percentage of population with adequate access to locations for physical activity.</i>	County Health Rankings	Annual	84% Peoria 83% Tazewell 75% Woodford (2019)	82% Peoria 84% Tazewell 75% Woodford (2020)		

Breast Feeding Promotion Programs: Breast feeding rates, 4, 8 or 12 weeks, exclusively or at six months?	IDHS/WIC	TBD	TBD	TBD		
Family-based physical activity interventions: Days physically active for a total of at least 60 minutes in the last 7 days (IYS)	Illinois Youth Survey	Annual				
Multi-component obesity prevention interventions: Fruit/Vegetable consumption in the last 7 days (IYS)	Illinois Youth Survey	Annual				
Create Multi-sector partnerships and networks: Good Recovery/Food Pantry Network- # of drives	Food Pantry Network/HEAL Food System Partners	Annual (CY)				
Create Multi-sector partnerships and networks: IRIS (# of referrals for food insecure individuals/families)	Food Pantry Network/HEAL Food System Partners	Annual (CY)				

Last Updated: 3/22/2021

Cancer (breast, lung, colorectal)

Goal: Reduce the illness, disability and death caused by breast, lung, and colorectal cancer in the tri-county area



Objectives	Source	Frequency	Baseline	2020	2021	2022
By 2022, reduce the female breast cancer age-adjusted death rate by 1%	National Cancer Institute	Annual	22.7 Peoria 18.7 Tazewell 24.4 Woodford (2011-2015)	19.7 Peoria 19.9 Tazewell 26.7 Woodford (2014-2018)		
By 2022, reduce the colorectal cancer age-adjusted death rate by 1%	National Cancer Institute	Annual	17.6 Peoria 17.6 Tazewell 20.7 Woodford (2011-2015)	10.5 Peoria 12.7 Tazewell 15.0 Woodford (2014-2018)		
By 2022, reduce the lung cancer age-adjusted death rate by 1%	National Cancer Institute	Annual	86.9 Peoria 84.3 Tazewell 56.6 Woodford (2011-2015)	42.8 Peoria 43.3 Tazewell 38.5 Woodford (2014-2018)		
Strategies	Source	Frequency	Target	2020	2021	2022
Breast cancer screenings: <i>Increase the percentage of women aged 50-74 who have had a mammogram in the past two years.</i>	<u>CDC - PLACES</u>	Annual	77.1 (HP 2030 Target)	71.6 Peoria 70.5 Tazewell 72.6 Woodford (2018)		
Colorectal cancer screenings: <i>Increase percentage of respondents aged 50-75 who have had either a fecal occult blood test in the past year, a sigmoidoscopy in the past five years AND a fecal occult blood test in the past three years, or a colonoscopy exam in the past ten years.</i>	<u>CDC - PLACES</u>	Annual	74.4 (HP 2030 Target)	63.8 Peoria 66.0 Tazewell 69.9 Woodford (2018)		
Lung cancer screenings: <i>Increase the number of low-dose CT lung cancer screenings provided to qualifying individuals in the tri-county</i>	OSF Saint Francis Medical Center UnityPoint Health Carle Eureka	Annual	↑ 2,203	2,976		
Tobacco screenings: <i>Increase the number of patients aged 18 years and older who were screened for tobacco use in primary care offices one or more times within 24 months</i>	OSF Saint Francis Medical Center UnityPoint Health Carle Eureka Hopedale Medical Complex					

	Heartland Health Services					
Adult tobacco use cessation: <i>Reduce the percentage of adults in the tri-county who are current smokers</i>	County Health Rankings	Annual	18% Peoria 14% Tazewell 14% Woodford (2019)	17% Peoria 15% Tazewell 14% Woodford (2020)		
Youth tobacco use cessation: <i>Reduce the percentage of 8th, 10th and 12th graders who report using any tobacco or vaping products in the past year</i>	Illinois Youth Survey	Annual	Peoria Tazewell Woodford	Peoria Tazewell Woodford		
Tobacco free policies: <i>Increase the number of tobacco free policies in the tri-county area</i>	Peoria City/County, Tazewell County & Woodford County Public Health	Annual	22	19		
Smoke Free Illinois Act compliance checks: <i>Increase the number of compliance checks to ensure compliance with the Smoke Free Illinois Act completed in the tri-county area</i>	Peoria City/County, Tazewell County & Woodford County Public Health	Annual	Peoria 166 Tazewell 50 Woodford	Peoria 250 Tazewell 110 Woodford		
Radon mitigation systems: <i>Increase the proportion of tri-county homes with an operating mitigation system</i>	Illinois Emergency Management Association (IEMA)	Annual	14,933 Peoria 9,998 Tazewell 2,937 Woodford (Sites tested from 2003-2018)	TBD		

Last Updated: 3/22/2021